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## FACSIMILE COVER SHEET

DATE: December 3, 2003

OUR REF.: MAT-8065US1

TIME: \_\_\_\_\_

YOUR REF.: 10/654,500

TO:	Filing Receipt Corrections, Office of Initial Patent Examination
COMPANY:	USPTO
FROM:	Lawrence E. Ashery
FAX TELEPHONE:	703-746-9195
OFFICE TELEPHONE:	
TITLE OF DOCUMENT:	

Total Number of Pages: 8 (including this form)

COMMENTS
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PTO/SB/21 (08-03) (AW 10/2003)

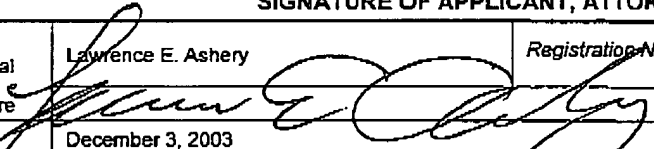
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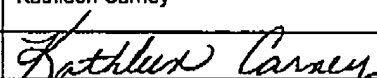
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/654,500
	Filing Date	September 3, 2003
	First Named Inventor	Hideyuki Hashi
	Art Unit	1762
	Examiner Name	
Total Number of Pages in This Submission 8		Attorney Docket No. MAT-8065US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Filing Receipt Copy of Filing Receipt PTO Faxsheet
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Firm or Individual	Lawrence E. Ashery	Registration No. (Attorney/Agent)	34,515
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MAT-8065US1

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hideyuki Hashi et al.

Serial No.: 10/654,500

Group No.: 1762

Filed: September 3, 2003

Examiner:

For: MAGNETIC TRANSFER METHOD AND  
MAGNETIC TRANSFER DEVICEFiling Receipt Corrections  
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1. ☒ Applicant's name as stated in  
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(copy attached)
2. ☐ Applicant's address
3. ☐ Title
4. ☐ Filing Date
5. ☐ Serial Number
6. ☐ Foreign/PCT Application Reference
7. ☐ Other

*Correct data*

1. Toshio Makabe
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

3. No fee is due.

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Respectfully submitted,

  
Lawrence E. Ashery, Reg. No. 34,515

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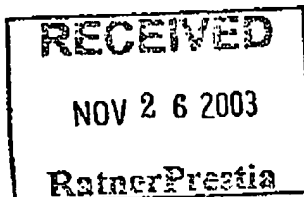


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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/654,500	09/03/2003	1762	750	MAT-8065US1	24	2	1

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## Applicant(s)

Hideyuki Hashi, Osaka, JAPAN;  
 Taizo Hamada, Osaka, JAPAN;  
 Toshio Makabe, Kyoto, JAPAN; *MAKABE*  
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 Tatsuaki Ishida, Shiga, JAPAN;  
 Yasuaki Ban, Osaka, JAPAN;  
 Keizo Miyata, Osaka, JAPAN;

## Domestic Priority data as claimed by applicant

This application is a CON of 09/720,146 03/09/2001  
 which is a 371 of PCT/JP00/02679 04/25/2000

## Foreign Applications

JAPAN 11-117819 04/26/1999  
 JAPAN 11-274204 09/28/1999

If Required, Foreign Filing License Granted: 11/21/2003

Projected Publication Date: 03/04/2004

Non-Publication Request: No

Early Publication Request: No

**Title**

Magnetic transfer method and magnetic transfer device

**Preliminary Class**

427

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